

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09 648381

Linective December 29, 1999.										<u> </u>	6	100	8
		CLA	(Column 1)			(Column 2)			SMALL TYPE	ENTITY	OR		THAN ENTITY
F	OR .		NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BA	SIC FEE									345.00	OR		690.00
TC	TAL CLAIMS	• :	29 minus 20			- 9			X\$ 9=	MASS	OR	X\$18=	162
INDEPENDENT CLAIMS							I	X39=	1	OR	X78=	7	
MULTIPLE DEPENDENT CLAIM PRESENT								1	+130=	<del>  / · · ·</del>	1		/
• If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	र्थक्र	OR	+260=	600
CLAIMS AS AMENDED - PART II									IOIAL	0914	TOH		750
	(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM Al	AIMS AINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<b>)</b>	RATE	ADDI- TIONAL FEE
	Total	. 29		Minus	**	29	= /		X\$ 9=	-/	OR	X\$18= .	
	Independent	· 2		Minus		2 DENT CLAIM	= (		X39=	7	OR	′X78=	/
Ė	11101111202	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+260=	
	121/207								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
·	·		umn (1)	J-10		OII. FEE		,	ADDII. PEE				
AMENDMENT 8		CLAI REMAI AFT AMEND			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	••	24	-		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	FIRST PRESENTANCE		Minus	ENE	DENT CLAIM	-		X39=		OR	X78=	
											OR	+260=	
											OR ,	TOTAL ADDIT. FEE	
			ımn-1)			olumn 2)	(Column 3)		DIT. FEE				
AMENDMENT C		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	.**		=	>	<b>(\$ 9=</b>		OR	X\$18=	
	Independent	•		Minus	***		= .	<b> </b>	(39=		<u> </u>	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>-</b>			OR		<del></del>
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
•••	f the "Highest Nu If the "Highest Nu The "Highest Num	mber Pre mber Pre	viously Pa viously Pa	id For IN THIS iid For IN THI	S SPA S SPA	CE is less than CE is less than	n 20, enter "20." n 3. enter "3."	ADL	TOTAL OIT. FEE in the app	لحب		TOTAL DDIT. FEE IMN 1.	